

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 148
Registered No. 552

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 53 Warrior Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Florencio Chavez

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other? _____ 6. Legitimate? yes 7. Date of birth Dec. 30-1927
Month Day Year

8. FATHER
Full name Pilar Chavez
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 27 (Years)

14. MOTHER
Full maiden name Refugia Maris
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Chihuahua Mex.
(State or country)

18. Birthplace (city or place) Metcalf Ariz.
(State or country)

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2
(b) Born alive but now dead _____
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:15 A.M. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.
Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____ Filed Jan 8, 1928 Co. E. Finn
Registrar Registrar

639-1230-942